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Direct: (512) 328-9510
mscheinberg@sgnlaw.com

September 24, 2007

Fax - After Final

Name: Examiner - Ojo O. Oyesibi
Organization: USPTO
Fax: 1-571-273-8300

From: Michael O. Scheinberg
P. O. Box 164140
Austin, Texas 78716-4140

Phone: (512) 637-0800
Fax: (512) 306-1963
Date: September 4, 2007
Subject: Response to Final Office Action
Attorney Docket No.: C064
Pages: 10 (including this coversheet)

APPL. NO.: 10/041,946 ART UNIT: 3628
APPLICANT: James H. Wolfston, Jr. et al. EXAMINER: Ojo O. Oyesibi
FILING DATE: 01/07/2002
TITLE: Coordination of Independent Billing and Liquidity Providers to Facilitate Electronic Payments

In connection with the above-identified patent applications, applicants submit the following:

1. Response to Final Office Action (5 pp);
2. Petition for 2 Month Extension of Time (in duplicate) (1 p);
3. Fee Transmittal (in duplicate) (1 p); and
4. Form PTO-2038 (1 p)

Michael O. Scheinberg
Pat. Reg. No. 36,919

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PTO/SB/17 (06-07)

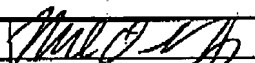
Approved for use through 08/30/2007, OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known Application Number 10/041,946 Filing Date January 7, 2002 First Named Inventor James H. Wolfston, Jr. Examiner Name Ojo O. Oyebisi Art Unit 3692 Attorney Docket No. C064	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 225.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: Michael O. Scheinberg For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES Small Entity Fee (\$) Fee (\$) Utility 300 150 Design 200 100 Plant 200 100 Reissue 300 150 Provisional 200 100		SEARCH FEES Small Entity Fee (\$) Fee (\$) 500 250 100 50 300 150 500 250 0 0		EXAMINATION FEES Small Entity Fee (\$) Fee (\$) 200 100 130 65 160 80 600 300 0 0		Fees Paid (\$)
2. EXCESS CLAIM FEES							
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims						Small Entity Fee (\$) Fee (\$) 50 25 200 100 360 180	
Total Claims Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.						Multiple Dependent Claims Fee (\$) Fee Paid (\$) _____	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for 2-Month Extension of Time Fee \$225.00							

SUBMITTED BY		
Signature 	Registration No. (Attorney/Agent) 36,919	Telephone (512) 637-0800
Name (Print/Type) Michael O. Scheinberg		Date September 24, 2007

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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P. 003

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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	225.00	

METHOD OF PAYMENT (check all that apply)	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
- 20 or HP =	x	=		Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 or HP =	x	=					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/ 50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
- Other (e.g., late-filing surcharge): Petition for 2-Month Extension of Time Fee						\$225.00	

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent)	Telephone (512) 637-0800
Name (Print/Type)	Michael O. Scheinberg	Date September 24, 2007

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